



CITY OF IONIA
DEPARTMENT OF PARKS AND RECREATION

Armory Community Center
439 W. Main Street, Ionia MI 48846
Phone (616) 523-1800

RENTAL CONTRACT

Reservation Request: Check choice(s) American Bumper Room(1st Level)..... ()
Gymnasium(2nd Level)..... ()
Lions Room (2nd Level)..... ()

Rental Date(s) _____

Reserved Time: Start _____ to _____ Approx. Event attendance _____

Description of Rental Activity _____

Lessee Name (Print) _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Name of Group/Organization _____

Rules and Regulations: See reverse side of contract

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program(s) or event(s) pertaining to the City of Ionia, Department of Parks and Recreation or the Ionia School District, I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators and assigns may have against the City of Ionia, Department of Parks & Recreation, the Ionia School District, and any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES OR DAMAGES INCLUDING DISABILITATING INJURY AND/OR DEATH WHICH I, MY CHILD, WARD, OR HEIR MAY SUFFER while taking part in such programs or events as a result thereof.

ALL PARTICIPANTS DO SO AT THEIR OWN RISK.

All facility reservations must be paid in full at least 30 days prior to rental date.

<u>Office Use Only</u>		<u>PAYMENT OPTIONS</u>	
American Bumper Room	\$ _____	Cash	_____
Gymnasium	\$ _____	Check #	_____
Lions Room	\$ _____	MC/VISA #	_____ Exp. Date _____
Security Deposit	\$ _____	Approved by:	_____ Date _____
Alcohol Permit	\$ _____		
Total Due:	\$ _____		

Lessee Signature: _____ Date _____